



The information contained in this record is **CONFIDENTIAL** according to 45 CFR 303.21

INSTRUCTIONS: Submit completed form with State Form 24220 / FM 0920 "Monthly Reimbursement Claim For Title IV-D Expenditures."

Month / Year	Name of county	Agency (<i>check one</i>) <input type="checkbox"/> Prosecutor <input type="checkbox"/> Clerk <input type="checkbox"/> IV-D Court
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NAME	TITLE	EMPLOYEE CLASSIFICATION		IF PART TIME HRS WORKED IV-D	GROSS IV-D SALARY CLAIMED	COUNTY CONTRIBUTIONS TO:				OTHER
		Full Time	Part Time			FICA	Retirement	Insurance	Unemploy- ment Ins.	
TOTALS										
Post totals to reimbursement claim (FM 0920)					Line 101	Line 102A	Line 102B	Line 102C	Line 102D	Line 102E

Comments: